MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Primary Registration District No. 3006 Registrar's No. DO NOT WRITE **AMENDED** ON THIS STUB PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY * STATE Missouri & COUNTY Boone Boone admission) VS 300 ENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only). -Length of stay in 1b Inside Limits Columbia Lifetime Columbia TOWN TOWN Yes 🖼 No 🗌 ¥¥ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 10169 Inside Limits d. STREET (If cutside, give location) Reside on Farm DATE, INSTITUTION Boone County Hospital Yes DyNo D Yes □ No □ 619 Kuhlman Ct. 11109 3. NAME OF DECEASED Month Middle Last 4. DATE Year (Type or print) SARAH GUITAR November 5, 1963 DEATH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE 7. Married 🗆 Never Married K 8. DATE OF BIRTH 5. SEX Female 1-20-1892 White Widowed □ Divorced [12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done Librarian for State historical Society U.S.A. Columbia. Mo. 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 13a, FATHER'S NAME Sallie Young James Herndon Guitar 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or upknown) (If yes, give war or dates of servi Archibald Y. Guitar, Columbia, Mo. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) ö 1/mos NSTEAD ŏ Adeno Careinoma Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal Z PART III, If deceased was there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS □ Unknown ☐ Yes □ No 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? 20a, ACCIDENT SUICIDE HOMICIDE YES NO Z Month, Day, Year 20c. TIME OF Houl RIBBON INJURY a.m. USE BLACK INK COUNTY STATE 20e. PLACE OF INJURY (e.g., in or about home, 20f, CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK | **TYPEWRITER** READ 5.63 21. I attended the deceased from m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred 22c. DATE SIGNED 22b. ADDRESS (Degree or title) ö AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURYAL, CREMATION, REMOVAL (Specify) g Columbia, Mo. Columbia Cemetery Burial 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE

Columbia, Mo.

24. FUNERAL DIRECTOR

Parker Funeral Service.

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(Licensed Embalmer's Statement on Reverse Side)

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Caremoniations

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose	name is recorded on the reverse side of this certificate was embalme	ed by me,
or by	, Student Embalmer No	
working under my personal supervision.	le de le	10.1
StudentSignature of Student Embalmer	Signed Sloygo () Wr	20
211 - 20.5.11	Licensed Embalmer No.	200

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

* If this body is not embalmed, fact should be so stated above.